



# Application for Variance in a Regional Plan

Form (LUS-02)

## Land Use Secretariat

9th floor, Centre West Building  
10035 – 108 Street  
Edmonton, AB T5J 3E1  
TEL: 780- 644-7972 or Toll Free Rite Line at: 310-0000  
FAX: 780- 644-1034

## Alberta Land Stewardship Act

### Instructions:

- Complete one form for each application you are filing.
- Please print clearly
- Legal representation is not required; however, if you have retained representation, please indicate on the form.
- Submit your completed form(s) with the original signature to the Stewardship Commissioner, Land Use Secretariat.
- The Alberta Land Stewardship Act and regulations can be found on the Queen's Printer website.

Tracking Number (LUS Office Use Only):

Date Stamp – Request Received by LUS

### 1: Details of Application for Variance

## Lower Athabasca Regional Plan

Name of Regional Plan

If the application is with respect to a land area, provide the legal description (Township, Range, Meridian). If the application is with respect to an existing land use, provide a description of that land use. As a title holder, provide a copy of the title or disposition that supports your application.

Township 73, Range 9, W4M

## Application for Variance in a Regional Plan

**A. Outline why you are a "title holder" with respect to the land that is the subject of the variance request (i.e. do you own, occupy, or have an interest in the land that is the subject of the variance request? If the land is Crown land, do you have a surface disposition or other interest in that land?)**

Please see attached.

**B. Explain why the variance is necessary.**

Please see attached.

**C. Clearly explain the following factors:**

- (a) How the proposed variance is consistent with the purposes of the Alberta Land Stewardship Act;*
- (b) How the proposed variance is not likely to diminish the spirit and intent of the regional plan; and*
- (c) How a refusal to grant the variance would result in unreasonable hardship to you without an offsetting benefit to the overall public interest.*

Please see attached.

## Application for Variance in a Regional Plan

### Part 2: Requested Relief

*Describe the specific variance that you are applying for, including any proposed terms and conditions of that variance.*

Please see attached.

### Part 3: Other Applicable Information

*Please provide any additional information that may be relevant to this application.*

Please see attached.

# Application for Variance in a Regional Plan

## Part 4: Applicant Information

First Name: Keith Last Name: Turriff

AltaLink Management Ltd.  
Company Name or Association Name (if any)

Professional Title (if applicable): Manager - Regional and Customer Projects

Email Address: Keith.Turriff@AltaLink.ca Fax #: 403-267-4454

By providing an email address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #: 403-267-6144 Alternate Telephone #: 403-519-9431

Mailing Address:	<u>2611 - 3rd Avenue SE</u>	<u>Calgary</u>
	Apt/Suite/Unit#	Street Address
	<u>Alberta</u>	<u>T2A 7W7</u>
	Province	Postal Code
		Country (if not Canada)

Signature:  Date: July 23/13

Please note: You must notify the Land Use Secretariat of any change of address or telephone number in writing.

*A variance only provides an exception to a specific limitation, restriction or requirement in a regional plan. The Applicant remains responsible for obtaining all necessary authorizations or amendments to authorizations from any other regulatory agency (federal or provincial) in order to carry out the proposed activity or project.*

Personal information requested on this form is collected under the provisions of the Freedom of Information and Protection of Privacy Act, Chapter/Regulation: F-25 RSA 2000.

## Application for Variance in a Regional Plan

### Part 5: Representative Information (if applicable)

I hereby authorize the named company and/or individual(s) to represent me:

First Name: Not Applicable Last Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

By providing an email address, you agree to receive communications from the Land Use Secretariat by email.

Daytime Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Apt/Suite/Unit#

Street Address

City/Town

Province

Country (if not Canada)

Postal Code

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note: If you are representing the applicant and are NOT a solicitor, please confirm that you have written authorization to act on behalf of the applicant. Please confirm this by checking the box below.*

I certify that I have written authorization from the applicant to act as a representative with respect to this application on his or her behalf and I understand that I may be asked to produce this authorization at any time.